

530 E MONROE AVE  
BUCKEYE AZ 85326  
(623) 349-6100



MONDAY – THURSDAY  
7:00 AM – 6:00 PM  
UTILITYBILLING@BUCKEYEAZ.GOV

## APPLICATION FOR UTILITY SERVICES

### APPLICANT INFORMATION:

APPLICANT # 1 (LAST NAME, FIRST)	APPLICANT # 2 (LAST NAME, FIRST)
NAME:	NAME:
DOB:	DOB:
SSN/TAX ID:	SSN/TAX ID:
DL/ID:	DL/ID:
PHONE #:	PHONE #:
EMAIL:	VERBAL PASSWORD:

\*WE REQUIRE COPY OF GOVERNMENT ISSUED PHOTO ID

\*\*DEPOSIT AMOUNTS: WATER \$125, SEWER \$75, TRASH \$30

\*\*\* FOR ONLINE APPLICATIONS: A REPRESENTATIVE WILL CALL YOU TO COLLECT PAYMENT FOR YOUR DEPOSIT

TODAYS DATE:	CONNECT DATE(MON-THU):
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ARE YOU? (MARK ONE) ☐ OWNER ☐ TENANT ☐ PROPERTY MANAGEMENT

PROPERTY ADDRESS:	
MAILING ADDRES:	
SUBDIVISION:	

REQUIRED INFORMATION FROM: OWNER: TITLE COMPANY / TENANT: LANDLORD / PROPERTY MANAGEMENT

NAME:	
ADDRESS:	
PHONE #:	

NOTE: A COPY OF CLOSING DISCLOSURE OR LEASE AGREEMENT MAY BE REQUIRED

VACATION HOLD	START DATE:	END DATE:
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**FOR WATER CUSTOMERS:** To proceed with the service connection, the premises must be ready for service. The City of Buckeye assumes no liability for property damage which may occur as a result of uncontrolled water flow beyond the meter due to open valves, plumbing leaks, fixtures or appliances.

**FOR ALL CUSTOMERS:** By submitting this application, I/we declare under penalty of perjury under the laws of the State of Arizona that all information is true and correct. I have the lawful authority to activate utility services for the address identified on the submittal; I am accepting all financial responsibility for the utilities account, and I agree that I will remain financially responsible for the utility account until I submit the Termination Request Form signed by me to the Buckeye Utility Billing Department and the account has been paid in full. I acknowledge I have received a copy of the credit policies, fees, deposits and other information related to City of Buckeye Utility Accounts.

SIGNATURE OF APPLICANT #1

SIGNATURE OF APPLICANT #2

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OFFICE USE ONLY:	ACCOUNT #:
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